Respiratory Medicine (2010) **104**, 1386

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LETTER TO THE EDITOR

Significance of endobronchial lesion appearance in the diagnostic value of different endoscopic techniques

We read with interest the study by Roth et al[1] about a cost minimization analysis for a combination of different bronchoscopy sampling techniques for diagnosing endobronchial lesions. Currently, the search is intensifying for cost-effective strategies that control cost without sacrificing quality in medical practice. Cost control has become a priority in most health systems. In the field of bronchoscopy, continuous technological developments have allowed more accurate visualizations and examinations of airways. Thus, the question arose of whether in cytology studies such as washing, brushing or endobronchial needle aspiration (EBNA) could increase sensitivity compared to biopsies alone and what is the best combination of techniques for each case. In relation with the findings of this study we would like to make two considerations. First, the most important issue is that the analysis did not take into account the importance of lesion appearance (exophytic mass lesions, submucosal lesions or even extrinsic compression) when evaluating the diagnostic value of each sampling technique. Several studies have shown that the diagnostic accuracy of different sampling techniques depends on type of lesion, and this should guide the decision of which technique to perform.[2–6] In a recent prospective study from our group it was evidenced that the combination of bronchial washing, brushing and biopsy could achieved the diagnosis in more than 95% of endobronchial masses or infiltrative lesions, significantly higher than the appearance of submucosal lesions (78%).[6] In our opinion and that of other authors[3–6] the most cost-effective strategy would be to perform systematicly an EBNA in lesions with submucosal disease, extrinsic compression, or tumor surface necrosis or severe bleeding or when other techniques are not diagnostic. For this reason we believe that in such studies, the endoscopic appearance of lesions should be considered. Another important methodological concern is that not all the sampling techniques were applied in every patient (only 43 of 162). The criteria for selecting individual techniques were left to the investigator; this should be considered a significant bias. Despite these considerations, we agree with the authors that there is a lack of sufficient data to support procedural recommendations for the most cost-effective combination of sampling techniques in visible endobronchial lesions. More studies on cost effectiveness are needed to determine the best combination strategy and the optimal sequence of techniques.[5,6]

Conflicts of interest statement

None declared.

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31 August 2009
Available online 21 May 2010

DOI of original article: 10.1016/j.rmed.2010.04.020.

doi:10.1016/j.rmed.2009.09.024